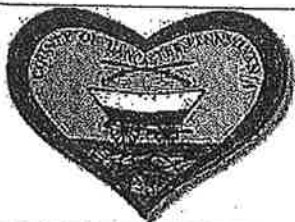
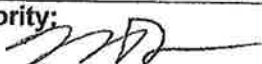


## Exhibit D

		<b>POLICY STATEMENT</b> <b>County of Lancaster, Pennsylvania - Prison</b>	
<b>Policy Subject:</b> <b>SUICIDE STATUS</b>		<b>Policy Number:</b>	
<b>Date of Issue:</b> <b>September 29, 2009</b>	<b>Authority:</b>  <b>Vincent A. Guarini, Warden</b>	<b>Effective Date:</b> <b>Immediately</b>	

**I. Authority**

NCCHC 2008 (J-G-05)(P-G-05), 2004 (Y-G-05); Title 37 (95.232)

**II. Purpose**

It is the policy of the Lancaster County Prison that all staff is vigilant for behavior or indications of the threat of suicide among inmates and to directly intervene in suicide attempts whenever reasonably possible.

**III. Applicability**

All Medical and Security Staff

**IV. Definitions**

As defined within the policy

**V. Policy**

It is the policy of the Lancaster County Prison that all staff is vigilant for behavior or indications of the threat of suicide among inmates and to directly intervene in suicide attempts whenever reasonably possible. This policy is advanced by initial suicide screening, the classification process, integration into general housing when practical, and direct observation by staff.

**VI. Procedures**

Effective immediately the following procedures will be observed whenever an inmate is placed on suicide status.

**I. Criteria for placement on suicide watch**

1. Any overt attempt at self-harm.
2. Any statement or indication that there is a plan to commit suicide.
3. Any behavior that is indicative of being out of control or highly agitated.
4. By order of medical personnel based on their clinical judgment

## II. Procedure for implementing a suicide watch

1. Suicide watch is a medical decision. However, at times it may be necessary for security staff to intervene to stop an inmate from engaging in self-harm. This intervention may take the form of physical restraint by cuffing or securing to bunk, but should only be of a minimal amount of time until Medical Staff reviews and makes any decision any continuation of any restraints. Medical staff will be contacted as soon as possible in this situation. In all cases it will be made by a psychologist, psychiatrist, or physician. When no psychologist, psychiatrist, or physician is at the prison, medical staff can initiate precautionary measures until they contact the psychiatrist, psychologist, or physician.
2. The psychiatrist is "on call" for orders regarding suicide precautions or medication. Medical staff must conduct a clinical assessment *before* contacting the psychiatrist. Verbal orders received will be documented and implemented.
3. Any inmate who scores 8 points, or greater on the Intake Suicide Screen at commitment will be placed on suicide watch at the direction of the medical staff (see sample copy attached).
4. Male inmates on suicide watch are to be housed in the Medical Housing Unit (MHU); female inmates on suicide watch are to be housed on 2-5.
5. The Classification Unit is approved as a backup housing area, ONLY if there is no bed space in MHU, and none can be made readily available.
6. To order an inmate be put on suicide watch requires a Doctor's Order to the Jail. (DOJ)
7. The DOJ must be E-mailed to the shift commander, classification office and senior staff. Prison administration, i.e. Warden, Deputy Wardens, Associate Warden, and Major are also to be notified by E-mail. Paper hardcopy reports are to follow to the Shift Commander and the block/area the inmate is housed (MHU, Classification, 2-5).
8. The Shift Commander / Supervisors and block officer must be notified immediately when an inmate is placed on suicide status verbally in person or via phone.
9. The suicide watch level and any additional specific orders will be completed in writing as outlined above.
10. Inmates of the same status may be housed together in the same cell.

## III. Suicide Watch – Observation Levels

### 1. LEVEL I – Suicide Watch

- i. 15-minute random checks (checks made by direct visual observation / skin and movement). All checks will be documented. Note: one-on-one watch (continuous direct visual observation) may be ordered in extreme cases of continuous self-injurious or suicidal behavior. Camera cell not required under continuous visual observation since a staff member is directly in line of sight of the inmate. Prison staff assigned as "Watchers" are to be provided appropriate training and instruction by medical / MH staff.
- ii. Inmate will wear a suicide smock, be fed in their cell on styrofoam plates and

- cups. Food will be provided as "finger food." Inmate may not have eating utensils.
- iii. Inmate will be provided a mattress, and a suicide blanket or paper sheet (seasonal) between the hours of 12:00 pm and 7:00am. Hygiene articles such as toothbrush, toothpaste, toilet paper are stored in the inmate's personal property.
  - iv. Hygiene supplies must be requested from security staff who will closely observe their use. Inmate may not have any sharps, i.e. razors, combs, etc. Any hygiene items issued for use will be returned and checked. During menstruation women are offered tampons but may not have underwear and a sanitary pad unless the use of a tampon is medically contraindicated and approved by the medical staff as an exception to this rule.
  - v. Showers are provided per unit protocol.
  - vi. Exercise out-of-cell is provided at minimum one hour per day. Additional recreation may be offered as time and scheduling permits. The unit officer will make this determination. One hour in the AM and one hour in the PM. Exercise only with other Level I inmates. Dentures, prosthetic devices, wheelchairs, and glasses may be permitted if ordered by medical staff (psychiatrist, psychologist, or physician).
  - vi. Cells will be searched at minimum once per shift. These searches must be documented.
  - vii. Inmates on Level I suicide status will be seen by medical staff daily and reviewed daily by mental health staff Monday through Saturday.
  - viii. Generally, inmates will remain a minimum of 3 to 5 days before being upgraded to Level II. This time frame may be decreased if the psychiatrist, psychologist, licensed mental health clinician or physician has determined the inmate has demonstrated an improvement in mental and emotional status whereby the risk for suicide is reduced. Changes in Level I suicide status can only be made by the psychiatrist, psychologist or physician. Orders will be forwarded to the security supervisor and classification office via DOJ (See II - 7).

## 2. LEVEL II – Suicide Watch

- i. 15-minute random checks (checks made by direct visual observation (skin and movement). All checks will be documented. Note: one-on-one watch (continuous direct visual observation) may be ordered in extreme cases of continuous self-injurious or suicidal behavior. Camera cell not required under continuous visual observation since a staff member is directly in line of sight of the inmate. Prison staff assigned as "Watchers" are to be provided appropriate training and instruction by medical/mental health staff.
- ii. Inmate will wear a jumpsuit. Inmate is also permitted shower shoes and sneakers (no shoe laces). Food is provided as "finger food." Inmate may not have eating utensils but may have a drinking cup. Women are offered tampons during menstruation but may not have underwear and a sanitary pad unless the use of a tampon is medically contraindicated and approved by the medical staff as an exception to this rule.



- iii. Inmate will be provided a mattress, and a suicide blanket or paper sheet (seasonal) between the hours of 12:00 pm and 7:00 am.
- iv. Hygiene articles such as toothbrush, toothpaste, toilet paper are stored in the inmate's personal property. They must be requested from security staff who will closely observe their use. Inmate may not have any sharps, i.e. razors, combs, etc. Any hygiene items issued for use are to be returned to the inmate's personal property after use.
- v. Showers are provided per unit protocol.
- vi. Exercise out-of-cell is provided twice a day. One hour in the AM and one hour in the PM. Exercise only with other SSII inmates.
- vii. Dentures, prosthetic devices, and glasses may be permitted if ordered by medical staff (psychiatrist, psychologist, or physician).
- viii. Inmates may have two books in their possession at any one time. Mail is given to the inmate to read, under supervision, and then stored with personal property.
- ix. Cells will be searched at a minimum once per shift. These must be documented.
- x. Inmates on Level II suicide status will be seen by medical staff daily and reviewed daily by mental health staff Monday through Saturday.
- xi. Inmate must remain a minimum of 3 to 5 days before being upgraded to Level III. This time frame may be decreased if the psychiatrist, psychologist or licensed mental health clinician have determined there is no risk of suicide. Changes in Level II suicide status can only be made by the psychiatrist, psychologist or physician. Orders will be forwarded to the security supervisor and the classification office via DOJ (See II – 7).

### 3. LEVEL III Psychiatric Observation

*These 30-minute checks are classed as Psych Observation and are NOT considered as suicide watch.*

- i. 30-minute random checks (checks made by direct visual observation). All checks will be documented. Note: Does not require inmate be in a camera cell.
- ii. Inmate has all rights and privileges as he would in general population. Male inmates will be housed on MHU or Classification (See II – 4 & 5). Female inmates are to be housed on 2-5 block.
- iii. The inmate will wear regular issue and underwear. Inmate is also permitted shower shoes and sneakers with laces. Food is provided on a regular tray with eating utensils and drinking cup.
- iv. Inmate will be provided a mattress, linen and blanket.
- v. Inmate may have all hygiene articles.
- vi. Showers are provided per unit protocol.
- vii. Exercise out-of-cell is provided twice a day. One hour in the AM and one hour in the PM. Exercise may be done with general population inmates.

- viii. Dentures, prosthetic devices, and glasses may be permitted if ordered by medical staff (psychiatrist, psychologist, or physician).
- ix. Inmates may have personal property returned.
- x. Cells must be searched at least once per shift. Each search must be documented.
- xi. Inmates on LEVEL III psychiatric observation status will be seen by medical staff daily and reviewed as indicated by mental health staff Monday through Saturday.
- xii. Generally, inmates will remain at LEVEL III at least 3 to 5 days before a status change is made to general population. This time frame may be decreased if the psychiatrist, psychologist, licensed mental health clinician or physician has determined the inmate has demonstrated an improvement in mental and emotional status. Changes in LEVEL III psychiatric observation can only be made by the psychiatrist, psychologist or physician. Orders will be forwarded to the security supervisor and the classification office via DOJ (See II - 7).

#### **VII. Suspension During An Emergency**

There is no suspension of this policy in case of emergency

#### **VIII. Rights Under This Policy**

#### **IX. Release of Information and Dissemination of Policy**

#### **X. Superseded Policy and Cross Reference**